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## BIB DATA SHEET

CONFIRMATION NO. 2563

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.          |                               |                                    |
|---|---|---|---|---------------------------------|-------------------------------|------------------------------------|
| 10/708,564  | 03/11/2004<br>RULE  | 600   | 3768  | 144726                          |                               |                                    |
| <b>APPLICANTS</b><br>Darin R. Okerlund, Muskego, WI;<br>Jasbir S. Sra, Pewaukee, WI;<br>Laurent Launay, Saint Remy les chevreuse, FRANCE;<br>Melissa Vass, Milwaukee, WI;   |   |   |   |                                 |                               |                                    |
| <b>** CONTINUING DATA *****</b><br>This appin claims benefit of 60/484,012 07/01/2003   |   |   |   |                                 |                               |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |   |   |                                 |                               |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/19/2004  |   |   |   |                                 |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /ELLSWORTH<br>WEATHERBY/<br>Acknowledged <u>Examiner's signature</u> |   | <input type="checkbox"/> Met after<br>Allowance<br>EW<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>WI   | <b>SHEETS<br/>DRAWINGS</b><br>4 | <b>TOTAL<br/>CLAIMS</b><br>27 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>CANTOR COLBURN, LLP<br>20 Church Street<br>22nd Floor<br>Hartford, CT 06103<br>UNITED STATES  |   |   |   |                                 |                               |                                    |
| <b>TITLE</b><br>CARDIAC IMAGING SYSTEM AND METHOD FOR PLANNING MINIMALLY INVASIVE DIRECT<br>CORONARY ARTERY BYPASS SURGERY  |   |   |   |                                 |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1182  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                 |                               |                                    |